

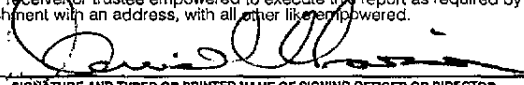


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G63997 1. Entity Name DAVID MARINE MANAGEMENT, INC.					
Principal Place of Business 4901 NO US 1 UNIT D VERO BEACH, FL 32967		Mailing Address 4901 NO US 1 UNIT D VERO BEACH, FL 32967			
DO NOT WRITE IN THIS SPACE					
				 04182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2349369		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINE, CHRISTOPHER H. 979 BEACHLAND BLVD. VERO BEACH, FL 32963				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				U00000325229 04/23/05-80008-009 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PDST MARINE, DAVID A. 1401 31ST AVE. VERO BEACH, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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DO NOT WRITE IN THIS SPACE					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4-21-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			